Refugee Health Screening Provider Resource Guide

Refugee Health Program

January 2020

Refugee Health Program Health
Utah Department of Health

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Introduction

The first interaction that refugees have with the health care system in the U.S. begins with the Refugee Health Screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the U.S. The purpose of the domestic screening is to "reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and ensure good health practices facilitate successful integration and self-sufficiency."[1]

The goals and objectives of the Utah Refugee Health Program are as follows:

1) The Program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees complete a health screening within 30 days of arrival.
2) The Program will monitor health screening results to ensure that 90% of individuals screened and identified with reportable conditions are referred for follow up care and/or treatment within 30 days of receiving a report of the condition.
3) The Program will monitor health screening results to ensure that 90% of individuals screened establish a medical home within 30 days of completing the screening.
4) The Program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x- ray order.
5) The Program will monitor screening clinics to ensure that at least 90% of newly arriving refugees receive mental health screening at their initial health screening visit.
6) The Program will monitor screening clinics to ensure adherence to CDC guidelines and recommendations for U.S domestic medical examination for newly arriving refugees.

1 http://www.acf.hhs.gov/programs/orr/programs/preventive-health

Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the U.S. in order to detect diseases that would preclude admission to the U.S. and to prevent the importation of diseases of public health importance[2]. Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes[3]:

1. Medical history and physical examination.
2. Tuberculosis (TB) Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (i.e., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required and sputum testing, when required.
    a. Applicants ≥15 years of age require a medical history, physical examination and CXR.
    b. Applicants 2−14 of age living in countries with World Health Organization estimated TB incidence rates of ≥20 cases per 100,000 should have a TST or IGRA.
3. Chest x-ray for age ≥15 years (for South Asian refugees, the age is ≥2 years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).
4. Serologic test for syphilis for age ≥15 years. Persons with positive results are required to undergo treatment prior to departure for the U.S.; physical exam for evidence of other STDs. As of January 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
5. Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the U.S.
6. A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.
7. Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the U.S. or in the process of being eliminated.

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2 http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html

3 http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/technical-instructions-panel-physicians.html

Departure of refugees with communicable diseases that preclude entry into the U.S. (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual's medical status is assigned a classification. These classifications include:

- **Class A:** Conditions that prevent a refugee from entering the U.S. include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow-up upon arrival. Examples of Class A conditions are:
    - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
    - TB: active and infectious
    - Hansen's disease (leprosy)
    - Mental illness with association harmful behavior
    - Substance abuse
- **Class B**: Physical or mental abnormalities, diseases or disabilities of significant nature; require follow-up soon after arrival.
    - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
    - Hansen's disease, not infectious
    - Other significant physical disease, defect or disability
- **Class B TB**:
    - Class B1 TB, Pulmonary
    - Class B1 TB, Extra pulmonary
    - Class B2 TB, LTBI Evaluation

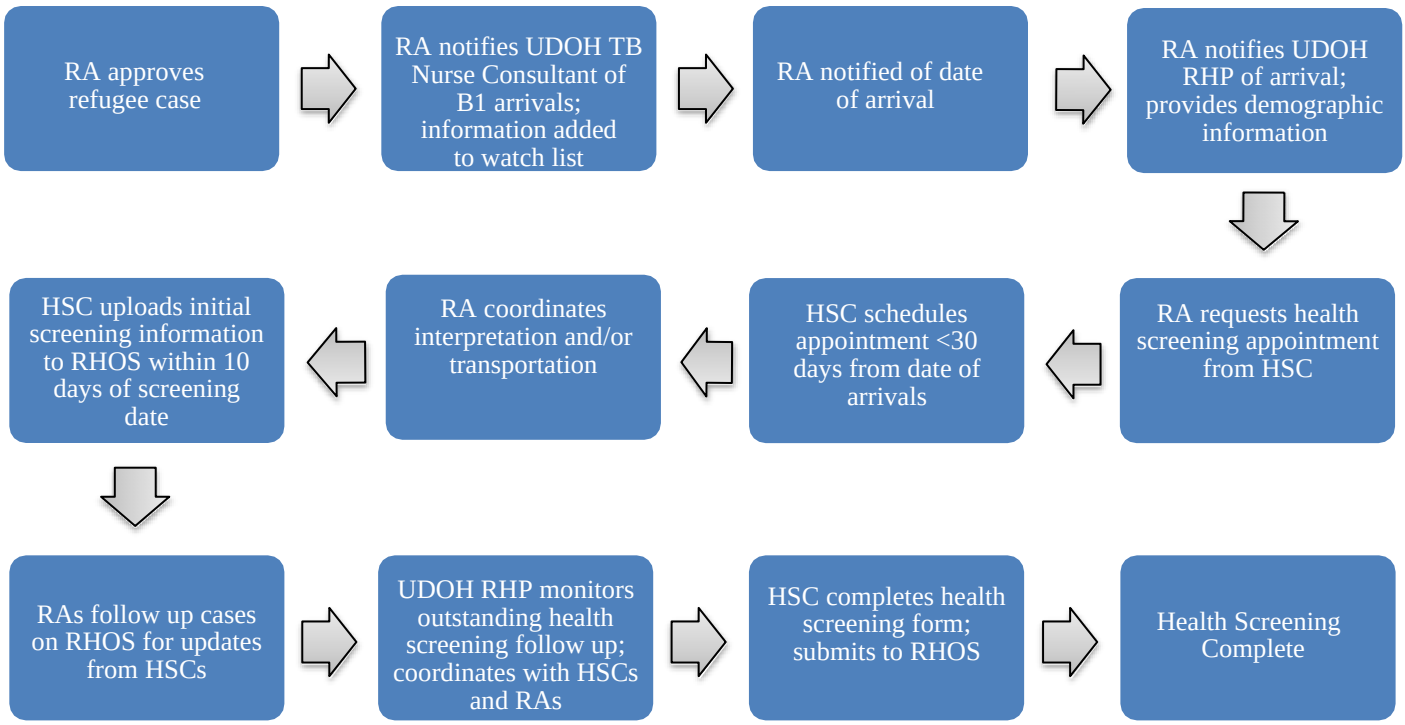
Utah Domestic Refugee Health Screening

The Program works closely with various clinics to provide a comprehensive Refugee Health Screening. Resettlement agencies, RIC-AAU, CCS and IRC, are responsible for scheduling the screening appointment, arranging transportation and interpretation and ensuring each newly arrived refugee successfully initiates the screening within 30 days of arrival to Utah. Utah Refugee Health Screening adheres to the CDC guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html

Utah Domestic Refugee Health Screening Coordination

Acronyms

RA: Resettlement Agency
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine) UDOH
RHP: Utah Department of Health Refugee Health Program
RHOS: Refugee Health Online System



Scheduling and Coordination with Resettlement Agencies

- **Guidelines**
  1. Resettlement agency will schedule health screening appointment.
  2. Clinics and resettlement agencies will ensure that the health screenings are scheduled and take place within first 30 days in Utah and completed in accordance with CDC guidelines and recommendations for domestic refugee health screening[1].
  3. Priority is given to individuals with B1 and B2 TB status; should be seen for health screening within 2 weeks of arrival to Utah.
  4. Resettlement agency will coordinate the following for the appointment:
     a. Interpreter (if needed)
        i. If unable to provide, resettlement agency will request that the clinic provide an interpreter; prior approval by UDOH is required for use of outside interpreter(s) for health screening appointments.
     b. Transportation (if needed)
     c. Copy of the Overseas Medical Report, including immunization record (if available)
        i. These records can also be accessed directly by the clinic through EDN.

- **Reporting**
  1. Reportable conditions should be uploaded to RHOS.
  2. RHP reporting does not supersede the reporting requirements for Utah reportable diseases[2]
- **Coordination/Follow-up**
  1. Health Screening is uploaded to RHOS within 10 days of the health screening date.
  2. Please communicate any urgent follow-up needs directly to the appropriate resettlement agencies via RHOS comments sections.
  3. For questions/assistance, a printer friendly version of the Health Screening Form should be emailed/faxed to: Hayder Allkhenfr, MBBS, MPH at
     UDOH/Refugee Health Program
     Fax# 801-237-0770
     Email hallkhenfr@utah.gov
     Email rhprogram@utah.gov
- **Resources**
  1. CDC Domestic Health Screening Guidelines:
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/checklist.html
  2. http://health.utah.gov/epi/reporting/Rpt_Disease_List.pdf
     http://health.utah.gov/epi/reporting/

General Tests

- **Testing Recommendations**
  1. **Complete Blood Count with Red Blood Cell Indices, White Blood Cell Differential, and Platelet Count** for all newly arrived refugees of all ages and ethnicities.
  2. **Urinalysis -** there is no evidence that routine urinalysis is a cost-effective screening examination. It may be considered in newly arrived refugees of all ages and ethnicities who are developmentally mature enough to provide a clean-catch urine specimen. A bag specimen may be checked for younger children, if clinically indicated, with confirmation of positive findings by catheterization. This recommendation is more conservative than the current American Academy of Pediatric guidelines for children residing in the U.S., because of the higher prevalence of specific conditions that may be detected in refugee children (e.g., Schistosoma haematobium).
  3. **Newborn Screening -** there is no evidence that newborn screening is beneficial in refugee infants or children. However, if a newborn refugee infant is seen for refugee medical screening, a newborn screening panel should be performed.
  4. **Cardiovascular and lipid disorders -** screen in accordance with the U.S. Preventive Services Task Force (USPSTF) guidelines. Although blood pressure and non-fasting serum lipid testing can be performed at the new-arrival medical screening examination, other screening tests recommended by the USPSTF may not be conducted at this visit, but should be done in a reasonable time frame after arrival. Adults found to have hyperlipidemia or hypertension should be formally screened for diabetes with a fasting blood glucose measurement, in accordance with USPSTF guidelines, and should be referred for long-term management.
  5. **Cancer Screening -** refugees, as with all U.S. populations, should receive preventive screening according to USPSTF Cancer Screening Guidelines. The new-arrival medical screening examination may not be the ideal time to perform invasive medical screening examinations (e.g., pelvic examinations), since many refugees have experienced sexual assault or other traumatic events. However, if an appropriate environment can be created, trust can be established, cultural norms respected, and the risk of additional trauma to the refugee minimized, the visit does present a possible opportunity to provide more invasive cancer screening.
  6. **Pregnancy -** conduct urine pregnancy test on all refugee females ages 13-50.

Please refer to http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html#tbl1 for more specifics on general testing.

Tuberculosis

- **Guidelines (Testing)**
  1. All refugees **MUST** be screened for Tuberculosis.
  2. Interferon Gamma Release Assay, IGRA (QFT, T-Spot) is the preferred method of testing and should be used with refugees ≥2 years.
  3. Children <2 years should have a TST placed.
     a. Do not place a TST on Thursdays (must be read 48–72 hours).
  4. Refugees identified as Class B1 or B2 are given priority; for testing, please follow the guidelines outlined in the Class B1-B2 Protocols (Attachment 3).
  5. An indeterminate QFT result should be repeated. If the second QFT result is indeterminate, place a TST.
     a. If vaccines containing live virus have been given, wait at least 4-6 weeks to repeat any TB testing.
- **Reporting**
  1. Upload TB screening results, Chest X-ray order form (for QFT positive cases), and lab results to RHOS within 10 business days of the health screening date.
  2. a printer friendly version of the Health Screening Form should be emailed/faxed to: UDOH/Refugee Health Program
     Fax# 801-237-0770
     Email hallkhenfr@utah.gov
     Email rhprogram@utah.gov
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the CXR is completed in a timely fashion; standard is 30 days from day of CXR order.
  2. Once the CXR is complete; the results will be sent to the physician/clinic listed on the order form.
  2. Upon receiving the CXR results, the screening clinics upload the CXR results to RHOS.
  3. If the screening clinic is not able to locate the CXR, please leave a comment on RHOS comments section and contact:
     UDOH/Refugee Health Program
     Fax# 801-237-0770
     Email hallkhenfr@utah.gov
     Email rhprogram@utah.gov
- **Resources**
  1. Class B1-B2 Protocols (Attachment 3)
  2. Positive Quantiferon Protocol (Attachment 5)
  3. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html

HIV

- **Guidelines (Testing)**
  1. All refugees ≥15 years should receive a HIV test as part of the health screening.
  2. Refugees ≤14 years may be tested if risk factors exist.
- **Reporting**

  4. Upload positive HIV test to RHOS within 10 business days of the health screening date.
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure appropriate referrals are made for treatment and care (adults are referred to Clinic 1A, while children are referred to Clinic 6, both at the University of Utah Hospital).
  2. Clinic 1A and/or Clinic 6 may serve as the patient's Health Screening or Primary Care Provider.
- **Resources**
  1. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html

**As of January 4, 2010, refugees are no longer required to be tested for HIV infection prior to arrival in the U.S. However, there is the possibility that a refugee was tested and that his/her HIV+ status is known prior to arriving in the U.S.

Syphilis and Other STDs

- **Guidelines (Testing)**
  1. Routine screening for syphilis is not recommended for newly arrived refugees.
  2. If a newly arrived refugee has a recent medical history suggestive of syphilis (painless sores on the genitals, anus or mouth or a rash on the body, especially on the palms or soles of the feet), a physical exam and screening test are recommended.
  3. Syphilis: Venereal Disease Research Laboratory (VDRL) or rapid plasma reagin (RPR) or equivalent test.
     - If a refugee does test positive for syphilis, physicians should contact the local health department (LHD) prior to further testing or treatment to verify patient history and confirm appropriate next steps.
       Salt Lake County Health Department: Lynn Beltran: 385-468-4185
  4. Chlamydia: Nucleic acid amplification tests
     - Females ≤25 years old who are sexually active or those with risk factors (e.g., new sexual partner or multiple sexual partners)
     - Consider for children who have a history of sexual assault. However, management and evaluation of such children require consultation with an expert.
     - Persons with symptoms or leukoesterase (LE) detected in urine sample

With the exception of the routine testing for syphilis and chlamydia (see above guidelines), no data support the utility of routine testing for other non-HIV STIs in refugees. Testing for other STDs may be completed at the discretion of the screening physician.

- **Reporting**
  1. Upload positive RPR test to RHOS.
- **Coordination/Follow-up**
  1. As of February 4, 2014, the diagnosing physician assumes responsibility for treatment.
  2. UDOH will provide bicillin.
- **Resources**
  1. CDC Domestic Health Screening Guidelines: https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/index.html

Blood Lead Level

- **Guidelines (Testing)**
  1. Test performed on all children between 6 months and 16 years.
  2. A follow-up blood lead test should be conducted on all refugee children aged 6 months–6 years of age within 3-6 months of arrival date, regardless of the initial screening blood lead level result.
  3. Nutritional assessment for all children aged 6 months-6 years of age.
  4. Routine complete blood count with differential is recommended for all refugees
- **Reporting**
  1. Upload all blood lead results to RHOS.
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.
- **Resources**
  1. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html

Hepatitis B

- **Guidelines (Testing)**
  1. Review overseas records in EDN, printed records, or RHOS.
     A. If there are documentations of positive HBsAg overseas, additional evaluation and treatment options or referral to a specialist is recommended.
     B. If overseas HBsAg was negative, and the refugee has a record of completing the vaccination series before arrival, no further testing or vaccination is necessary.
     C. If overseas HBsAg was negative, and the vaccination series has been initiated, the series should be completed.
     D. If overseas HBsAg was negative and no doses of vaccine were received:
        I. Refugees >=18 years old should complete serologic testing for immunity and vaccinations should be initiated if not immune.
        II. Refugees <18 years old should complete HBV vaccination.
     E. If overseas screening was not documented, the refugee should be screened for hepatitis B serologic markers, including HBsAg, HBsAb, and HBcAb.
- **Reporting**
  2. Upload positive Hepatitis B result to RHOS.
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.
- **Resources**
  1. MMWR Immunization Management Issues: Hepatitis B http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a2.htm
  2. World Health Organization: Hepatitis B Fact sheet http://www.who.int/mediacentre/factsheets/fs204/en/
  3. Minnesota Refugee Health Screening Guidelines: Hepatitis B http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html
  4. CDC Domestic Health Screening Guidelines: Hepatitis screening http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf
  5. CDC Hepatitis B
  6. http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/hepatitis-b
  7. CDC Domestic Health Screening Guidelines: Immunizations http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html
- **Additional Reading**
  1. Tafuri S, Prato R, Martinelli D, et al. Prevalence of Hepatitis B, C, HIV and syphilis markers among refugees in Bari, Italy. BMC Infectious Diseases 2010;10:213.
  2. Caruna SR, Kelly HA, De Silva SL, et.al. Knowledge about hepatitis and previous

exposure to hepatitis viruses in immigrants and refugees from the Mekong Region. Aust N Z J Public Health 2005;29(1):64-8.
3. Mixson-Hayden T, Lee D, Ganova-Raeva L, et al. Hepatitis B and C prevalence in elect U.S.-bound Asian and African refugees, 2002-2007. Pending publication.
4. Greenaway C, Wong DKH, Assayag D, et al. Screening for hepatitis C infection: evidence review for arriving immigrants and refugees. Appendix 7. Guidelines for Immigrant Health. Canadian Medical Association Journal. 2010 0:cmaj.090313v1; doi:10.1503/cmaj.090313.

Hepatitis C

- **Guidelines (Testing)**
  1. Screening is based on risk factors or for those individuals born between the years of 1945-1965.
- **Reporting**
  1. Upload positive Hepatitis C results to RHOS.
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.
- **Resources**
  1. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf
  2. CDC 2015 STD Treatment Guidelines http://www.cdc.gov/std/tg2015/default.htm
  3. CDC Hepatitis C http://www.cdc.gov/hepatitis/hcv/index.htm
  4. Refugee Health Technical Assistance Center http://refugeehealthta.org/chronic-hepatitis-infection/
  5. World Health Organization: Guidelines for the screening, care and treatment of persons with hepatitis C infection http://www.who.int/hepatitis/publications/hepatitis-c-guidelines/en/
  6. CDC Hepatitis C Testing Recommendations http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm
  7. AASLD: HCV Guidelines http://www.hcvguidelines.org/
- **Additional Reading**

  Suraj Sharma, Manuel Carballo, Jordan J. Feld, Harry L.A. Janssen, Journal of Hepatology, Volume 63, Issue 2, August 2015, Pages 515-522, "Immigration and viral hepatitis," http://www.sciencedirect.com/science/article/pii/S0168827815003207.

Intestinal Parasites

- **Guidelines (Testing)**
  1. Utah follows the CDC guidelines. Pages 5–9 of the CDC Domestic Health Screening Guidelines-Intestinal Parasites (link below) provide specific information addressing the management of parasitic infections by refugee population.
  2. Per CDC, providers can assume that refugees from certain countries are receiving presumptive anti-parasitic treatment pre-departure even without overseas documentation (CDC letter issued January 15, 2014).
  3. Please refer to the CDC Treatment Schedule for Presumptive Parasitic Infections for a list of refugee population receiving presumptive treatment: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html.
  4. Refugees with certain conditions are excluded from presumptive treatment; a list of these conditions can be found by accessing the following link: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/intestinal-parasites-overseas.html#precautions.
  5. UDOH supplied anti-parasitic medication **CANNOT** be used those who received presumptive treatment overseas; provides must verify treatment prior to dispensing UDOH provided medication.
- **Reporting**
  1. Upload *Giardia* and other parasitic infections to RHOS. (Only giardia needs to be reported to Salt Lake County Health Department).
- **Coordination/Follow-up**
  1. The resettlement agency, screening provider and Salt Lake County Health Department (when required) will coordinate follow up treatment as indicated.
- **Resources**
  1. 2014 Overseas Treatment Schedule. http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html
  2. CDC Domestic Health Screening Guidelines-Intestinal Parasites: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html https://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf

Immunizations

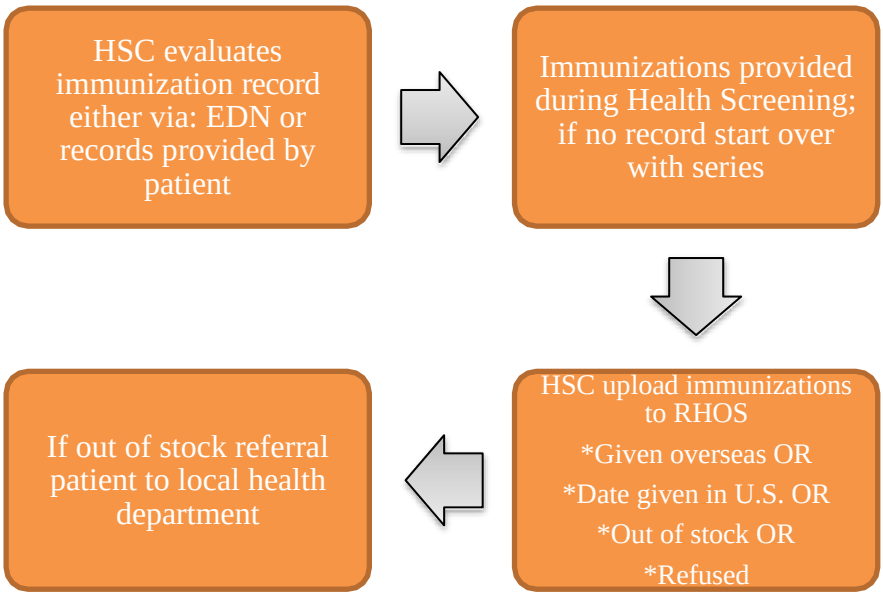
- **Guidelines**
  1. Review immunization history, including hardcopy records and electronic records in the Electronic Disease Notification (EDN) system.
  2. Children: provide immunizations according to the CDC schedule; ensure that school-aged children receive the necessary immunizations to enroll in school.
  3. Adults: provide immunizations according to the CDC schedule; ensure that patient is on track to meet the green card requirements.
- **Reporting**
  1. Document all immunizations given overseas.
  2. Document all immunizations given at the health screening visit on Health Screening Form.
     a. ***If immunizations not given, document reason on Health Screening Form.***
  3. Document all immunizations on yellow immunization card; provide client(s) with copy.
  4. Enter immunization information into the Utah Statewide Immunization Information System (USIIS).
- **Coordination/Follow-up**
  1. Communicate directly with resettlement agency if, for whatever reason, client was unable to receive required immunizations.
- **Resources**
  1. CDC Aid to Translating Foreign Immunization Records http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign- products-tables.pdf
  2. CDC Evaluating Vaccine Records: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html#Evaluating-Vaccine-Records
  3. CDC Current Presumptive Immunization Schedules: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/presumptive-immunizations.html
  4. CDC Vaccine Schedules: http://www.cdc.gov/vaccines/schedules/index.html
  5. Current Vaccination Criteria for U.S. Immigration http://www.cdc.gov/immigrantrefugeehealth/pdf/revised-fact-sheet-fed-reg-notice-vaccination-immigration.pdf
  6. Immunize.org Terms in Multiple Languages http://www.immunize.org/catg.d/p5122.pdf
  7. Utah School and Early Childhood Immunization Requirements http://www.immunize-utah.org/school%20and%20childcare%20requirements/school_childcare_print_materials.html

Utah Refugee Health Screening: Immunizations

Acronyms

RA: Resettlement Agency

HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine) UDOH: Utah Department of Health



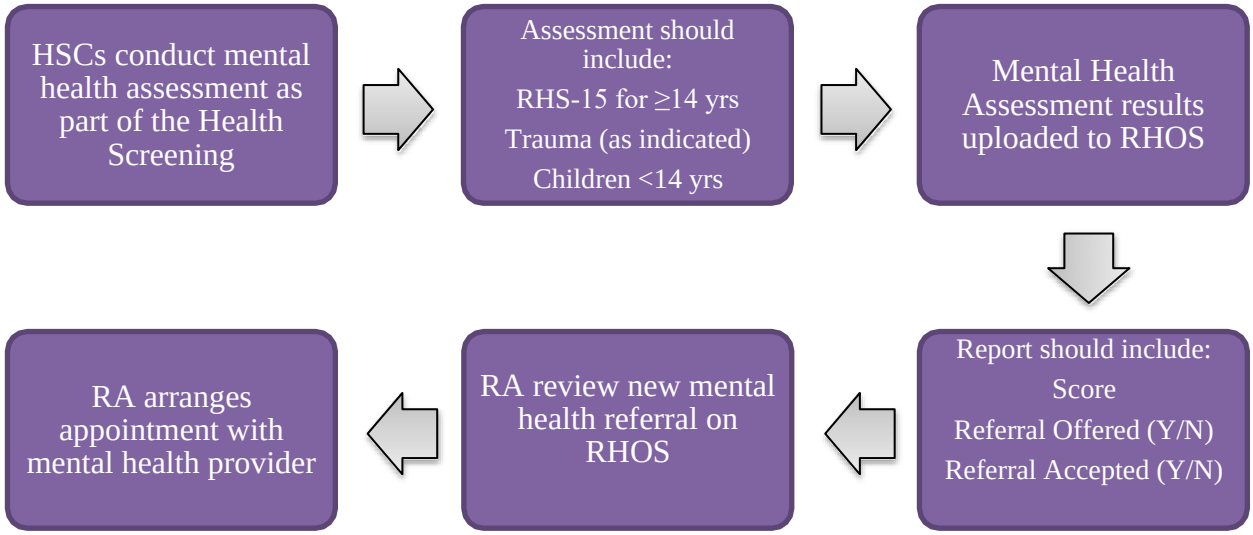
Mental Health

- **Guidelines**
  1. All refugees ≥14 years are screened using the Refugee Health Screener 15 (RHS-15).
  2. All refugees <14 years are screened using the Health Screening Form questions.
  3. Refugees may also been screened for torture/severe war trauma.
- **Reporting**
  1. Screening physician/clinic upload all mental health screening results to RHOS.
     a. ***If client is not screened, document reason on RHOS.***
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is scheduled for an intake.
- **Resources**
  1. RHS-15: http://www.lcsnw.org/pathways/
  2. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health- screening-guidelines.html

Utah Refugee Health Screening: Mental Health

Acronyms

RA: Resettlement Agency
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine)
UDOH: Utah Department of Health
RHS-15: Refugee Health Screener-15



Referring to Primary Care

To promote continuity of care, it is strongly encouraged that the Health Screening Provider continues to serve as the primary care physician (PCP). However, there may be circumstances where this is not feasible; in these situations, please follow the steps below for referring to primary care.

1. All follow-up health needs are to be documented on Health Screening Comments section on the demographic tab in RHOS, regardless of whether the Health Screening Provider continues as the PCP.
2. Resettlement agency schedules an establish care appointment with PCP; reports name of provider to UDOH.
3. Resettlement agency coordinates with Health Screening Provider/Clinic to ensure health screening results are shared with PCP.

Health Screening Payment

Refugee health screenings are billed to Medicaid; however, the Program provides payment for: 1) applicable co-pays, and 2) provider consultation. In order to receive payment for these services, the provider must:

- Sign annual provider agreement.
- Submit monthly invoice and supportive documentation using the approved template and format.
    - A completed Health Screening **must** be uploaded to RHOS and approved by the UDOH Refugee Health Program before payment is rendered.